

## Family PACT: Introduction

This section includes an overview of the Family PACT (Planning, Access, Care and Treatment) Program, administered by the Office of Family Planning, with administrative support from the Health Access Programs (HAP) and Medi-Cal. This section also defines “Comprehensive Family Planning Services.”

### Background

The California State budget for fiscal year 1996-97 included an important initiative to promote optimal reproductive health and to reduce unintended pregnancy by lowering barriers that many low-income women and men face in obtaining Comprehensive Family Planning Services (see “Comprehensive Family Planning Defined” in this section). As a result of this initiative, the State Department of Health Services (DHS) developed Family PACT, a publicly funded, family planning and reproductive health clinical services program designed to narrow the gap between insured and non-insured women and men in California. The program provides services to women at risk for pregnancy and men at risk for causing unintended pregnancy.

### Family PACT Overview

The Family PACT Program is administered by the Office of Family Planning (OFP), in the Department of Health Service’s Primary Care and Family Health Division. OFP is responsible for program policy, program monitoring, quality improvement and evaluation. Medi-Cal is responsible for client and provider enrollment, claims processing, and responding to the public’s questions regarding these issues.

Given the health, social and economic consequences of unintended pregnancies, there is a compelling need to expand access to family planning services. Under this model program, all California residents with incomes at or below 200 percent of the Federal poverty level with no other source of family planning health care coverage have access to Comprehensive Family Planning Services during child bearing years (see “Comprehensive Family Planning Defined” in this section).

One goal of the Family PACT Program is to expand access to Comprehensive Family Planning Services. Expanded access is achieved by increasing the number of providers who render Family PACT services. Under Family PACT, any Medi-Cal provider in good standing who elects to provide the scope of program services consistent with *Family PACT Standards* may apply for enrollment. Services are reimbursed at Medi-Cal rates. (Refer to the *Family PACT: Provider Enrollment [familypact2]* section of this manual for more information.)

**Health Access  
Programs (HAP)**

The Family PACT Program introduced Health Access Programs (HAP), a new concept for special programs at DHS. Family PACT was the first special program to be included in this onsite client enrollment system. A teal-blue-colored HAP identification card identifies Family PACT clients (see the *Family PACT: HAP Identification Card and Activation Process [familypact8]* section in this manual for information).

**Comprehensive Family  
Planning Defined**

Family PACT is a comprehensive family planning clinical program. It is comprehensive because it includes family planning methods and related reproductive health together with client-centered health education and counseling.

The intent of the program is to provide eligible California women and men access to Comprehensive Family Planning Services in order to:

- Establish the timing, number and spacing of their children
- Maintain optimal reproductive health

Family PACT is designed to assist individuals in management of the risk for pregnancy or the risk for causing pregnancy.

*Family PACT Standards* define the scope, type and quality of this program, and the terms and conditions under which the services will be reimbursed. The seven standards address:

- Informed consent
- Confidentiality
- Linguistic and cultural competence
- Access to care
- Availability of covered services
- Clinical and preventive services
- Educational and counseling services

**Comprehensive Family  
Planning Services**

The benefits package includes contraception, fertility awareness, pregnancy testing, female and male sterilization and reproductive health education and counseling. Additional services include testing and treatment for sexually transmitted infections (STIs), cervical cancer screening, Hepatitis B vaccination and HIV testing.

**Note:** Pregnancy care other than the diagnosis of pregnancy and the required counseling about options is not covered by the Family PACT Program. Abortions and services ancillary to abortions also are not funded.

**Family PACT and Medi-Cal  
Work Together**

Family PACT and Medi-Cal are separate programs. The Family PACT Program is a *Medicaid Waiver Demonstration Project* December 1, 1999 through December 31, 2004 that uses the Medi-Cal billing process to reimburse providers for services rendered.

Medi-Cal recipients are not part of the Family PACT Program, except when:

- There is an unmet Share of Cost on the date of service
- A restrictive service aid code does not include family planning
- There are confidentiality issues

**Fiscal Intermediary**

EDS is the Fiscal Intermediary for both Medi-Cal and Family PACT programs. EDS support for Family PACT providers includes:

- Health Access Programs (HAP) Hotline, 1-800-257-6900, for program information including billing questions, HAP card orders, and referrals to regional representatives
- Family PACT regional representatives available for clarification of program policies and instruction about provider enrollment, client enrollment, and claims submission
- All existing Medi-Cal help lines (see the *Family PACT: Communicating With Medi-Cal [familypact42]* section in this manual)

**Toll-free Referrals  
and Pre-Recorded  
Information Line**

The Office of Family Planning maintains a statewide toll-free information and referral service. With this system, individuals seeking family planning services may call the toll-free telephone number (1-800-942-1054) to locate Family PACT providers within their area. The toll-free line also offers pre-recorded messages regarding the reproductive health and family planning services available through Family PACT.

**Family PACT Billing  
and Reimbursement**

Unless otherwise stated in this manual, the Family PACT Program defers to Medi-Cal policies, codes and claim submission procedures. Refer to the claim completion sections in this manual [*familypact28 – 33*]. All providers, including Los Angeles County Waiver (LA Waiver), Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs), bill fee-for-service. Providers are reimbursed according to Medi-Cal policy, unless stated otherwise by the Family PACT Program. Claims are subject to all Medi-Cal timeliness guidelines.

**Medi-Cal Forms Required  
for Billing and  
Prior Authorization**

Unless specified otherwise, standard Medi-Cal forms are used to bill Family PACT services or to seek prior authorization. These forms include the *HCFA 1500* claim form, *UB-92 Claim Form* and *Treatment Authorization Request (TAR)*.

Other forms must not be substituted by a provider.

**Payer of Last Resort**

Family PACT is considered the payer of last resort. That is, the provider generally must bill the client's Other Health Coverage and any other source of reimbursement prior to billing Family PACT.